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CONFIRMATION NO. 9659

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/741,843	<b>FILING OR 371(c) DATE</b> 12/22/2000 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 018733-0996	
<b>APPLICANTS</b> Shui-on Leung, Madison, NJ; Hans Hansen, Mystic Island, NJ;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/127,902 08/03/1998 PAT 6,187,287 which is a CON of 08/690,102 07/31/1996 PAT 5,789,554 * which is a CON of 08/289,576 08/12/1994 ABN (*)Data provided by applicant is not consistent with PTO records.					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/04/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 18	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 37013					
<b>TITLE</b> Immunoconjugates and humanized antibodies specific for B-cell lymphoma and leukemia cells					
<b>FILING FEE RECEIVED</b> 1642	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		